

News from HIPAA & Medicaid

AN IMPORTANT MESSAGE FOR THE BILLING STAFFS OF HEALTH-CARE PROVIDERS:

BEFORE OCTOBER 16, PROVIDERS SHOULD RUN DOWN CHECKLIST – WHAT HAVE YOU DONE, WHAT NEEDS TO BE DONE?

OLYMPIA, Wash. – As October 16 approaches, providers need to make certain they have touched all the bases necessary before the HIPAA transactions and code sets deadline. But the key factor is to remember that they have a backup plan in place. Providers who are not certain they will be ready for HIPAA compliance can rely on the dual support system – Medicaid will continue to process pre-HIPAA claims under providers' old claim-filing system.

Here is one example of a checklist for providers:

1. Have you checked the billing instructions and/or memos for the local code conversions, and are you prepared to begin using the new codes, modifiers, and diagnosis? (Starting October 16th date of service, local codes will not be allowed and will deny.)
2. Is the billing staff trained to handle the new business processes?
3. Have you touched base with your clearinghouse to be sure you know how it will be handling your claims on and after October 16?
4. If you do not plan to be HIPAA compliant on October 16, are you maintaining a centralized file documenting your good-faith compliance efforts?
5. Do you have a contingency plan drawn up and on file with your other good-faith efforts?
6. If you are planning to file HIPAA-compliant claims on October 16, have you tested with your clearinghouse or the DSHS clearinghouse (ACS EDI Gateway) to be sure you can send clean claims that will be adjudicated and paid by Medicaid?
7. Do you know how to track your claims so you can fix rejected files?
8. Are you ready to shift your status from "test" to "production" on MAA's Web site (<http://maa.dshs.wa.gov/dshshipaa>) prior to filing real claims with MAA on October 16?

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DIRECT DATA ENTRY FUNCTIONALITY: Some providers have asked whether direct access to MMIS will continue after October 16, and the answer is yes, for now. MAA has not yet made a determination as to how long that access will continue, or whether it can be permitted under HIPAA guidelines that govern future releases on MMIS.

DIRECT CALLING: MMIS is engaged in a direct-call campaign with more than 7,000 Washington State providers who filed non-pharmacy electronic claims in September. More than 1,100 providers were contacted by phone during the first week of calls – 933 of them have enrolled with ACS, and 466 said they were planning to test.

PAYMENT CYCLE: Providers interested in whether HIPAA will change payment cycles can relax – the cutoff for claims adjudication in a given week will remain at Tuesday noon. Claims received by that deadline will be processed for mailing the following week. The same deadline applies to both sides of dual support, for HIPAA-compliant and non-compliant electronic claims.

POS SYSTEM TESTING: MAA's HIPAA vendor, Affiliated Computer Services (ACS), reports that testing is proceeding satisfactorily on the 5.1 POS system. This week, testers are working on the system's ability to handle compound claims and partial fills. Watch for an update in our next bulletin.

HEALTH PLANS PROGRESS ON 834: The seven private insurers who contract with Medicaid's Healthy Options managed care program have all successfully completed the 834 Transaction Benefit Enrollment Walkthroughs. The seven plans are **Community Health Plan of Washington** (Sept. 26); **Group Health Cooperative** (Sept. 26); **Columbia United Providers** (Sept. 29); **Premera Blue Cross** (Oct. 1); **Regence BlueShield** and **Asuris** (Oct. 2); **Molina** (Oct. 3).

WINASAP2003 TIPS: A list of "Quick Tips" for WINASAP2003 testers has now been posted on the MAA Web site. Technical support is also available from MAA and ACS. Look for these tips on the MAA Web page this week: <http://maa.dshs.wa.gov>.

NOTE: Washington State is modifying its current Medicaid Management Information System (MMIS) computers to handle the new HIPAA-compliant claims. But Medicaid is not turning off its current claims-handling process, so Washington providers will have a backup if their HIPAA claims run into difficulty. MAA also advises against reverting to paper claims, because the processing takes longer and will delay the entire claims-reimbursement system.

HIPAA HELP (Save these contacts):

- **Affiliated Computer Services (ACS)** hot line for technical testing questions on software or ACS EDI GATEWAY SERVICES: **1-800-833-2051**
- **DSHS HIPAA Web site** for free software and HIPAA-compliance information: <http://maa.dshs.wa.gov/dshshipaa>
- **Federal HIPAA compliance site**, with practical advice for providers and the answers to frequently-asked questions (FAQ): <http://www.cms.gov/hipaa>
- **Executive summary of MAA's HIPAA compliance plan:** http://maa.dshs.wa.gov/dshshipaa/attachments/pdf/HIPAAExecSummary_012804.pdf
- **ACS EDI Gateway, Inc.:** http://www.acs-gcro.com/Medicaid_Accounts/medicaid_accounts.htm
- **POS:** Email provider.relations@acs-inc.com or call **1-800-365-4944** to get in contact with customer service representatives and set up testing. Information is also available on the ACS Web site at: <http://www.acspbmhipaa.com>
- **SPECIAL POS SUPPORT:** Randy Stamp (randy.stamp@acs-inc.com)

HUMAN CONTACT:

Chris Johnson, HIPAA Contingency Planning, 360-725-1239

Bob Burlingame, HIPAA Provider Testing, 360-725-1256

Becky Boutilier, HIPAA Communications Manager, 360-725-2129 (boutibm@dshs.wa.gov)

Jim Stevenson, MAA Communications Director, 360-725-1915 (stevejh2@dshs.wa.gov)

Send email questions to hipaacomunications@dshs.wa.gov

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